Fill in	this informat	ion to identify you	ır case:			l			
Debtor	r 1 <u>Bo</u> u	ıbacar Toure							
Debtor	r 2 se, if filing)								
United	l States Bankr	uptcy Court for the:	Eastern Distri	ict of Pennsylvania					
Case r		5-bk-12423				☐ CI	neck if this	is an amende	ed filing
	1 Form 122C-2 pter 13	_	n of You	r Disposable	e Ir	ncome			04/25
		you will need you (Official Form 12		ppy of <i>Chapter 13 Sta</i>	ateme	ent of Your Current Mon	thly Incom	e and Calculati	ion of
space i pages,	is needed, att write your na	ach a separate sho ame and case num	eet to this form, ber (if known).	, Include the line num		ether, both are equally re to which additional info			
Part 1	Calcula	te Your Deduction	s from Your Inc	come					
the info	questions in ormation may duct the expen	lines 6-15. To find also be available se amounts set out	the IRS standa at the bankrupt in lines 6-15 reg	ards, go online using tcy clerk's office. gardless of your actual	the I	or certain expense amou link specified in the sep	arate instru form, you w	ill use some of y	s form. This your actual
						penses that you subtracte s income in line 13 of Forr		ille ili ililes 5 ali	u o oi roilli
If yo	our expenses o	differ from month to	month, enter the	e average expense.					
Note	e: Line numbe	rs 1-4 are not used	in this form. The	ese numbers apply to i	inforn	nation required by a simil	ar form used	d in chapter 7 ca	ases.
5.	The number	of people used in	determining y	our deductions from	inco	me			
	the number of		pendents whom			ederal income tax return, may be different from the		2 Living Housing	
Nati	ional Standar	r ds You m	ust use the IRS	National Standards to	ansv	ver the questions in lines	6-7.		
6.		ng, and other item ar amount for food,			tered	in line 5 and the IRS Natio	onal Standa	rds, \$	1,481.00
7.	the dollar am	ount for out-of-pocl are 65 or olderbed	ket health care. ause older peop	The number of people	is sp allowa	ntered in line 5 and the IR dit into two categoriespe ance for health car costs. 22.	ople who ar	e under 65 and	

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Debtor 1 Boubacar Toure Case number (if known) 2:25-bk-12423

People	who are under 65 years of age	
7a	Out-of-pocket health care allowance per person	\$
7b	o. Number of people who are under 65	x <u> </u>
7c	Subtotal. Multiply line 7a by line 7b.	\$
People	who are 65 years of age or older	
7 d	l. Out-of-pocket health care allowance per person	\$ <u>154.00</u>
7e	e. Number of people who are 65 or older	x <u>2</u>
7f.	Subtotal. Multiply line 7d by line 7e.	\$ 308.00 Copy here=> \$ 308.00
7 g	g. Total. Add line 7c and line 7f	\$\$ Copy total here=> \$387.00
Local S	Standards You must use the IRS Local Standards to	to answer the questions in lines 8-15.
bankru Hou To ans instruc R. Ho	ptcy purposes into two parts: sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Trustee tions for this form. This chart may also be availab	e Program chart. To find the chart, go online using the link specified in the separate ble at the bankruptcy clerk's office. enses: Using the number of people you entered in line 5, fill in and operating expenses. \$\frac{759.00}{}\$
9b	 Total average monthly payment for all mortgages a To calculate the total average monthly payment, as 	• •
	contractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.	
	Name of the creditor	Average monthly payment
	Hartefeld Homeowner's Association	\$\$
	MT Bank	\$ 3,405.10
	9b. Total average monthly paymer	copy Repeat this amount 3,625.10
90	. Net mortgage or rent expense.	
	Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent	
af	you claim that the U.S. Trustee Program's division fects the calculation of your monthly expenses, fil Explain why:	n of the IRS Local Standard for housing is incorrect and ill in any additional amount you claim.

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Debtor 1	Boubacar Toure		Case number (if known)	2:25-bk-12423
11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership or ope	erating expense.
	☐ 0. Go to line 14.			
	☐ 1. Go to line 12.			
	□ 2 or more. Go to line 12.			
	<u></u>			
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for			
13.	Vehicle ownership or lease expense: Using the IRS Local S may not claim the expense if you do not make any loan or leathan two vehicles.			
Ve	hicle 1 Describe Vehicle 1:			
13a	. Ownership or leasing costs using IRS Local Standard		\$0.	00
13b	. Average monthly payment for all debts secured by Vehicle 1.			
	Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at	
	Name of each creditor for Vehicle 1	Average monthly payment		
	-NONE-	\$		
	Total Average Monthly Payment	\$0.00	Copy here => -\$	Repeat this amount on line 33b.
13c	. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if the numbert is less than \$0	, enter \$0		Copy net Vehicle 1 expense here > \$ 0.00
Ve	hicle 2 Describe Vehicle 2:			
13d	. Ownership or leasing costs using IRS Local Standard		\$ 0.	00
	. Average monthly payment for all debts secured by Vehicle 2. leased vehicles.		·	
	Name of each creditor for Vehicle 2	Average monthly payment		
	-NONE-	\$		
			Сору	
	Total average monthly payment	\$	here => -\$	Nepeat this amount on line 33c.
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0		Copy net Vehicle 2 expense here => \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v			, fill in the \$0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in who claim more than the IRS Local Standard for <i>Public Transport</i>	nat you believe is the ap		

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 Debtor 1
 Boubacar Toure
 Case number (if known)
 2:25-bk-12423

Oth	ln addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	\$	1,200.00
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	0.00
19.	Court-ordered payments : The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly amount that you pay for education that is either required: ☑ as a condition for your job, or ☑ for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.	¢	0.00
23	Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services	\$	0.00
	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment		
	expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.	+ \$	0.00
24.	Add all of the expenses allowed under the IRS expense allowances.	\$	4,427.00
A ala	Add lines 6 through 23.		
Auc	ditional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.		
25	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health		
20.	insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.		
	Health insurance \$		
	Disability insurance \$		
	Health savings account + \$		
	Total \$ Copy total here=>	\$	0.00
	Do you actually spend this total amount? ☐ No. How much do you actually spend? ☐ Yes \$		
26.	Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$	0.00
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		
	By law, the court must keep the nature of these expenses confidential.	\$	0.00

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	Boubacar Toure	Case number (if known) 2:25-DK-12	2423	
28.	Additional home energy costs. Your home 8.	e energy costs are included in your insurance and operating expenses on line	•	
	If you believe that you have home energy cothen fill in the excess amount of home energy	osts that are more than the home energy costs included in expenses on line 8, gy costs.	,	
	You must give your case trustee documenta claimed is reasonable and necessary.	ation of your actual expenses, and you must show that the additional amount	t \$	0.00
29.		Iren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or		
	You must give your case trustee documenta is reasonable and necessary and not alread	ation of your actual expenses, and you must explain why the amount claimed dy accounted for in lines 6-23.	i	
	* Subject to adjustment on 4/01/28, and ever	ery 3 years after that for cases begun on or after the date of adjustment.	\$	0.00
30.		he monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more than he IRS National Standards.	1	
	To find a chart showing the maximum additi for this form. This chart may also be available	ional allowance, go online using the link specified in the separate instructions ole at the bankruptcy clerk's office.	5	
	You must show that the additional amount of	claimed is reasonable and necessary.	\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the form of cash or financial inization. 11 U.S.C. § 548(d)(3) and (4).		
	Do not include any amount more than 15%	of your gross monthly income.	\$	0.00
32.	Add all of the additional expense deduct	ions.	\$	0.00
	Add lines 25 through 31.			
I	oans, and other secured debt, fill in lines	•		
	To calculate the total average monthly paymereditor in the 60 months after you file for bai	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.		
	Mortgages on your home			
33a.			Average mor payment	nthly
oou.	Copy line 9b here	=>	payment	25.10
oou.	Copy line 9b here Loans on your first two vehicles	=>	payment	
33b.	Loans on your first two vehicles		payment	
	Loans on your first two vehicles Copy line 13b here		payment	25.10
33b.	Loans on your first two vehicles Copy line 13b here Copy line 13e here		payment	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here		payment	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts are of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance?	payment	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts	Identify property that secures the debt Does payment include taxes or insurance?	payment	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts are of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$ 3,62 \$\$	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts are of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes	\$ 3,62 \$\$	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts are of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes No No No	\$ 3,62 \$ \$	0.00
33b. 33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts are of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance? No Yes No Yes	\$ 3,62 \$ \$	0.00

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Debtor 1	Bout	pacar Toure			Cas	e number (<i>if known</i>	2:25	5-bk-12423		_
			33 secured by your primar support or the support of y			or				
_	•		must pay to a creditor, in add ion of your property (called th nformation below.			ted				
Nam	e of the	creditor	Identify property that secure	es the debt		Total cure amo	unt	Month	ly cure It	
-NO	NE-				\$		÷	60 = \$		
					Ī			Сору		
					Total	\$	0.00	total here=> \$	0.0	<u>0</u>
			uch as a priority tax, child s your bankruptcy case? 11			nat		_		
_	-		I of these priority claims. Do		current or					
		Total amount of all past-d	ue priority claims			\$23,9	49.98	÷ 60 \$ _	399.1	<u>7</u>
36. P ı	rojecte	d monthly Chapter 13 plan	payment			\$				
O th To	ffice of e Exect o find a li	the United States Courts (fo utive Office for United States st of district multipliers that inclu	stated on the list issued by the r districts in Alabama and No s Trustees (for all other district des your district, go online using may also be available at the ban	orth Carolina) cts). the link specif	or by	x	_			
A	verage	monthly administrative expe	nse			\$		Copy total nere=> \$		_
37. <i>I</i>	Add all	of the deductions for debi	t payment . Add lines 33e thre	ough 36.				\$_	4,024.27	
Total	Deduc	tions from Income								
38. A	dd all c	of the allowed deductions.								
		e 24, All of the expenses all		\$	4,427.00	<u>.</u>				
(Copy lin	e 32, All of the additional ex	pense deductions	\$	0.00	<u>.</u>				
(Copy lin	e 37, All of the deductions for	or debt payment	+\$	4,024.27	, 				
-	Γotal de	ductions		\$	8,451.27	Copy total	here=>	\$	8,451.2	<u>7</u>

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Boubacar Toure 2:25-bk-12423 Case number (if known) Debtor 1 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period......\$ 7,207.00 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. 0.00 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 0.00 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here=> 8,451.27 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense 0.00 0.00 \$ 0.00 Copy 0.00 0.00 Total Copy 8.451.27 8.451.27 here=> -\$ 44. Total adjustments. Add lines 40 through 43 0.00 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease?

Debtor 1	Boubacar Toure	Case number	(if known)	2:25-bk-12423
Part 4:	Sign Below			
E	By signing here, under penalty of perjury you d	eclare that the information on this statement and	in any at	tachments is true and correct.
X	/s/ Boubacar Toure			
	Boubacar Toure			
1	Doubacai Toule			
	Signature of Debtor 1			
	Signature of Debtor 1			
Date				
Date	Signature of Debtor 1 June 27, 2025			